
Adult Medical Emergencies:

Sickle Cell Crisis



Note Well: *Obtaining a good history is very important in the treatment of the sickle cell patient. If the chief complaint is predominantly extremity pain and the patient indicates that this episode is typical of previous sickle cell crisis, if possible transport to the hospital of choice for continuity of care.*

I. All Provider Levels

1. Refer to the Patient Care Protocols.
2. Initiate oxygen therapy nasal cannula at 2 - 4 liters/min.
 - A. Encourage the patient to take slow deep breaths, inhale through the nose; exhale through the mouth.
3. Establish large bore IV access with normal saline.
 - A. Fluid boluses should be approximately 1½ times the normal fluid bolus volume.
 - i. The sickle cell patient should receive 30 ml/kg fluid boluses.



Note Well: *Use caution not to fluid overload the patient in heart or renal failure as a normal fluid bolus = 20 ml/kg. Reassess lung sounds every 3-5 minutes*



II. Advanced Life Support Providers

1. Continuous cardiac monitoring
 - A. Referring to the appropriate dysrhythmia algorithm as needed.

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III. Transport Decision

1. If the patient has one or more of the following signs or symptoms transport to the closest medical facility.
 - A. Severe abdominal pain
 - B. Enlarged abdomen
 - C. Extreme fatigue or weakness
 - D. Paleness
 - E. Sudden collapse or unconsciousness
 - F. Numbness of extremities
 - G. Lose of use of extremity
 - H. Slurred speech



Note Well: *These can be signs of severe anemia, bleeding, shock, or stroke, and could be life threatening.*



IV. The Following Options are Available by Medical Control Only

1. Morphine Sulfate 2 - 5 mg slow IV push to a maximum dosage of 10 mg
 - A. Reassess every 3 - 5 minutes after administration.



Note Well: *If Patient Receives Morphine, the Patient Must Be Transported to the Hospital.*